

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10712671
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8	1					
9	1					
10						
11						
12						
13						
14						
15						
16						
17	1					
18	1					
19						
20						
21						
22						
23	1					
24	1					
25						
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38						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	8	↔	↔	↔	↔	↔
TOTAL CLAIMS	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]